MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING (Print or Type) 20____ Permit #__ Date Town of Natick, Mass. Building Location__ Owner's Name Type of Occupancy___ Renovation Replacement Plans Submitted: Yes □ No □ New FIXTURES CONN. TANKS FOUNT TRAYS CLOSET KITCHEN SINKS DISHWASHERS DRAINS MACH. LAVATORIES SINKS DRAIN HOT WATER TRAPS DISPOSERS BACKFLOW BATHTUBS TANKLESS DRINKING LAUNDRY SHOWER WATER WATER FLOOR OTHER WASH. SLOP ROOF OAS SUB-BSMT. BASEMENT 1ST FLOOR 2ND FLOOR SRD FLOOR 4TH FLOOR STH FLOOR 6TH FLOOR 7TH FLOOR STH FLOOR Installing Company Name Check one: Certificate Address □ Corporation □ Partnership ☐ Firm/Co. Business Telephone Name of Licensed Plumber INSURANCE COVERAGE: I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. No 🗆 If you have checked yes, please indicate the type coverage by checking the appropriate box. A liability insurance policy Other type of Indemnity Bond OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass, General Laws, and that my signature on this permit application waives this requirement. Check one: Owner Agent Signature of Owner or Owner's Agent I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all perfinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws. By. Signature of Licensed Plumber Title Type of License: Master [Journeyman [

License Number

APPROVED (OFFICE USE ONLY)